



## CONTRACTOR REGISTRATION FORM

ALL CONTRACTORS **MUST RESGISTER** WITH THE CITY OF BULVERDE PRIOR TO BEGINING WORK. THIS FORM ALONG WITH A COPY OF THE CONTRACTORS DRIVERS LICENSE, STATE CONTRACTORS LICENSE, CERTIFICATE OF LIABILITY INSURANCE, AND FEE (*plumbing contractors are exempt from registration fees*) ARE REQUIRED FOR THE REGISTRATION PROCESS. THE CERTIFICATE OF INSURANCE MUST LIST THE CITY OF BULVERDE AS THE CERTIFICATE HOLDER.

Check one: General Contractor ☐

Plumbing ☐

Irrigation ☐

Electrical ☐

Sign ☐

Driveway ☐

Mechanical ☐

Swimming Pool ☐

Other ☐ \_\_\_\_\_

DATE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

CITY, STATE ZIP \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE ZIP \_\_\_\_\_

PHONE: \_\_\_\_\_

STATE CONTRACTOR LICENSE: TYPE \_\_\_\_\_ NUMBER \_\_\_\_\_

LICENSE ISSUED TO: \_\_\_\_\_

INSURANCE: COMPANY \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_ EXP \_\_\_\_\_

CONTRACTOR NAME: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

DRIVER LICENSE: STATE \_\_\_\_\_ NUMBER \_\_\_\_\_ EXP \_\_\_\_\_

STATE CONTRACTOR LICENSE: TYPE \_\_\_\_\_ NUMBER \_\_\_\_\_

LICENSE ISSUED TO: \_\_\_\_\_

AUTHORIZED SIGNATURE(S): \_\_\_\_\_

### FOR OFFICE USE ONLY

REGISTRATION DATE: \_\_\_\_\_ EXP DATE: \_\_\_\_\_

RECEIPT #: \_\_\_\_\_ CLERK: \_\_\_\_\_ PERMIT REF #: \_\_\_\_\_

DL ☐ STATE CONTR LIC ☐ exp \_\_\_\_\_ INS ☐ exp \_\_\_\_\_